

Maine Office of Substance Abuse

State Fiscal Year

July 1, 1998 to June 30, 1999

1999 Data Book

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This information is available in alternate formats upon request.

Maine Office of Substance Abuse

The Maine Office of Substance Abuse is the single state administrative authority responsible for the planning, development, implementation, coordination, regulation, and evaluation of substance abuse services.

The Office provides leadership in substance abuse prevention, intervention, and treatment. Its goal is to enhance the health and safety of Maine citizens through reducing the overall impact of substance use, abuse, and dependency.

Brief Background

In 1990, the Office of Substance Abuse was created through unification of two separate agencies formerly known as The Office of Alcohol and Drug Abuse Prevention (OADAP) and the Alcohol and Drug Abuse Planning Committee (ADPC) into a single state agency in the Executive Department. In July 1996, the legislature moved the Office of Substance Abuse to the Department of Mental Health and Mental Retardation, creating the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS).

Structure

The Office of Substance Abuse (OSA) has 5 teams. These teams cover the following areas: Prevention (including an Information and Resource Center), Information Services, Treatment, Driver Education and Evaluation Program, and Fiscal. OSA also has a component dedicated to corrections.

Prevention Services

The Prevention Team is responsible for planning, developing, implementing, coordinating, and evaluating the State's alcohol and other drug abuse prevention programs and services. This includes administering the Safe and Drug-Free Schools and Communities Act monies as well as oversight of community prevention programs awarded through competitive bid. The long term outcome of this effort is that Maine residents of all ages will lead healthy and productive lives free from the abuse of alcohol, tobacco, and other drugs and the related problems that may accompany such abuse. This team includes the Information and Resource Center (IRC), a center that distributes or loans, free of charge, prevention and treatment resources to agencies, schools and community organizations.

Information Services

The Information Services Team has a varied set of responsibilities. Part of the team is responsible for all computer related services including system design, programming, network services, data input, and various forms of information output. Included in this is performance-based contracting reports for contracted treatment services. Other members of the team are involved in the dissemination of data from the various data systems and research projects that OSA is involved in.

Treatment Services

The Treatment Team is responsible for the planning, implementation, coordination, and evaluation of the state's alcohol and drug treatment system. In this capacity, the Treatment Team's mandate is to ensure adequate, effective, and appropriate utilization of State and Federal resources to provide services for persons with alcohol and drug related problems. The Treatment Team also monitors licensing and regulatory performances by contracted agencies as well as working to develop and implement best practices methods of substance abuse treatment.

Driver Education and Evaluation Program (DEEP)

The Driver Education and Evaluation Program (DEEP) is a therapeutic intervention into the cause of the behavior that resulted in impaired driving and an Operating Under the Influence offense. There are three core programs: the DEEP Teen Program; the Adult Assessment Program; and, the Weekend Intervention Program. Each intervention is designed to prevent future offenses. This approach differs from the other sanctions, (i.e., courts, jail, Secretary of State), which seek to prevent offenses through punishment of the behavior.

Corrections

The Corrections program oversees a comprehensive juvenile substance abusing offender intervention system for community and incarceration levels. It consists of programming at Maine's two state youth centers; regional networks of specialized juvenile offender treatment providers for community based intervention. Current plans are for the implementation of regional network treatment capacity expansion and regional network juvenile drug court treatment specialists within 12 months. For the adult substance abusing offender OSA has researched and designed a five level differentiated treatment model for the state prisons. OSA has developed and supports the operation of a prison based Level V Therapeutic Community. Additionally, OSA plans to provide intervention services at two institutions plus a gender specific intervention for prison-based females.

Fiscal/Contracting

The primary purpose of the Fiscal Team is to provide a uniform and comprehensive system to obtain, distribute, track, and monitor all fiscal functions for the Office of Substance Abuse. This Team administers and manages all fiscal resources, analyzes funding compliance, and is responsible for the processing of contracted and non-contracted expenditures.

Office of Substance Abuse Data System (OSADS)

The Office of Substance Abuse Data System has several current components. The Treatment Data System (TDS), the Intervention Data System (IDS) and the Prevention Data System (PDS). Aspects of the Contracting and Fiscal systems are already being implemented as part of the overall OSADS system but future plans are in the works for a more comprehensive system.

Treatment Data System

TDS, which was formerly known as the Maine Addiction Treatment System (MATS), has been undergoing a move from an IBM mainframe environment to a network-server environment. The data has been successfully moved but report development is new and ongoing. Concurrently, a web-based data entry system has been developed and is now being accessed by substance abuse agencies. The web-based data entry system contains edits so that agencies can improve the quality of the reported admission and discharge data.

All contracted agencies report to TDS. Also substance abuse agencies who provide treatment to persons who are in the Driver Education and Evaluation Program (DEEP) relating to an Operating Under the Influence arrest, agencies who dispense methadone, and agencies who receive Medicaid reimbursement for substance abuse services report to TDS.

TDS collects de-identified, client level information regarding demographics, substance use and treatment outcomes, and referrals. Admission and discharge information is collected on all clients. Output from TDS is in an aggregated format only.

It is from this system that performance-based contracting reports are generated. A report with effectiveness indicators that compare the agency's progress to the minimum standards and the statewide performance allows an agency to see its progress. A utilization report shows the number of units delivered versus the number of contracted units. These reports allow the Office of Substance Abuse to provide technical assistance if an agency seems to be having a problem meeting required standards. In extreme cases it provides backup data for the de-allocation of funds to an agency. The reports also enable the Office to provide incentives where possible to agencies who consistently meet or exceed the established standards.

Intervention Data System

The Intervention Data System (IDS) is the management information system used by the Driver Education and Evaluation Program (DEEP) to track clients through their program requirements in an effort to reduce recidivism of OUI offenders, and to track whether offenders have met the requirements to regain their drivers licenses. IDS is a confidential system due to client identifying information, though aggregated statistical data is beginning to be utilized to better understand this population.

Prevention Data System

Currently, the Prevention Data System (PDS) is not an automated system although there are plans to make it so. The new system will collect program level data with some basic demographic features attached such as number of attendees, gender, age groups and race/ethnicity. While current contracts are performance-based, the information is tracked by narratives in a standardized format. OSA is working in conjunction with a national effort to automate PDS.

Other Sources of Data

The Office of Substance Abuse has also gathered information through a variety of project and grant initiatives.

Maine Youth Drug and Alcohol Use Survey (MYDAUS). Students in grades 6 through 12, statewide, were surveyed regarding adolescent substance use, attitudes, and behaviors in 1992, 1995, 1996 and in 1998/1999. These surveys provide a wealth of data for the Office and are used in a variety of ways.

Diffusion Project. In collaboration with the Social Development Research Group at the University of Washington, Maine and six other states, are involved in a prevention focused needs assessment project. This project builds on the work done in the Six State Consortium in which Maine participated as well.

This five-year project includes two sub-studies. The first sub-study is a qualitative analysis of the natural history of implementation of epidemiologically-based prevention. The project will compile a twelve-year history of prevention practices in each state through interviews with key public officials and content analysis of state prevention planning documents. The second sub-study examines whether implementation of the epidemiological risk- and protective-focused prevention approach results in different prevention outcomes than other prevention planning methods. Communities in the collaborating states that are implementing different prevention approaches will be compared. Outcomes will be measured at the state and community levels using archival indicators and data from school surveys.

The project is funded by a grant from the National Institute on Drug Abuse, with funding support from the Center for Substance Abuse Prevention, the Department of Education, and the Office of Juvenile Justice and Delinquency Prevention.

State Treatment Needs Assessment Project (STNAP)

The Center for Substance Abuse Treatment (CSAT), a division of the Substance Abuse and Mental Health Services Administration (SAMHSA), made funding available to states to conduct studies on substance abuse in their communities.

OSA has collaborated with the Research Triangle Institute (RTI) of North Carolina to design a family of studies to provide reliable and valid data for the total population and crucial population groups.

The following is a description of the Round I studies that Maine accomplished:

Study 1: Alcohol and Other Drug Household Estimates. In Round I, Maine completed a household survey of adults age 18 and older regarding their substance use and their need for treatment. The household survey was an especially important new source of information for the Office. Working in conjunction with Research Triangle Institute in North Carolina, estimates of substance use for Maine have been developed as well as for treatment needs.

Study 2: Treatment Needs Among Adult Arrestees. A specialized survey of arrestees in county jails was done. While the arrestee study is very useful, the special caveats associated with the data make it useful for a much smaller population.

State Treatment Needs Assessment Project (STNAP) continued:

Study 3: Treatment and Intervention Needs of School-Aged Population in Maine: A Synthetic Approach.

This study was designed to simulate the number of Maine adolescents (aged 12—17 years old) who are in need of substance abuse treatment or intervention. The approach used in this study is experimental but is conceptually sound. Maine-specific social indicators describing the socio-demographic characteristics of each county along with data derived from the 1997 National Household Survey on Drug Abuse were used in the synthetic estimation process.

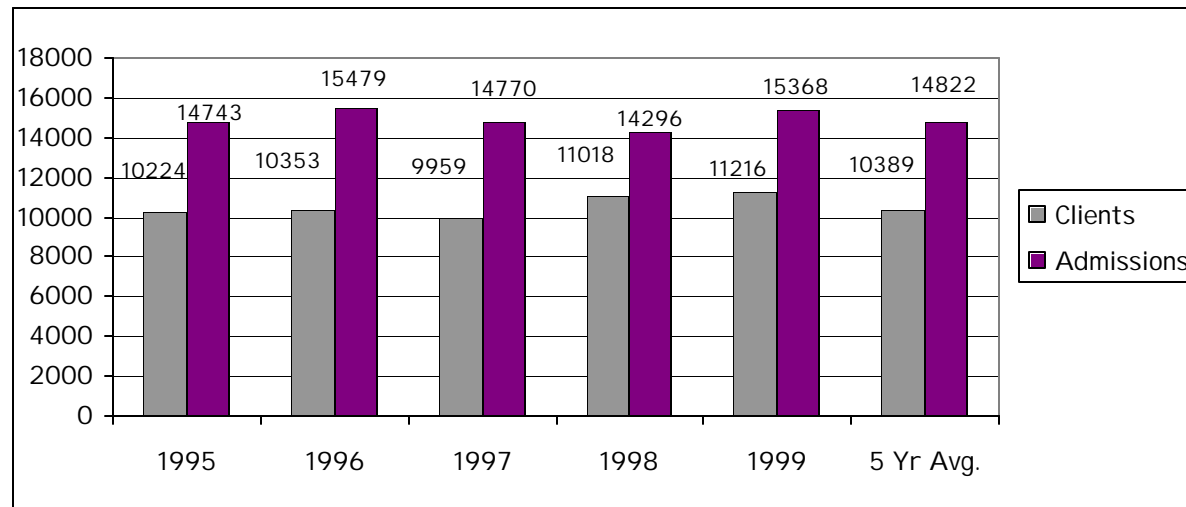
Study 4: Using Social Indicators to Estimate Substance Use and Treatment Needs in Maine. This study was developed to gauge the number of adults needing substance abuse services, by county, in the State of Maine. The purpose of this study was to develop estimates of treatment need based on already available data.

Study 5: Assessment of Maine's Substance Abuse Treatment System: Structure, Capacity and Utilization. This report looks at the structure, capacity and utilization of substance abuse treatment programs operating in the State of Maine. One of the objectives of this study was to assess the inequality between supply and demand for treatment in the State of Maine.

Study 6: Integrated Population Estimates of Substance Abuse Treatment Needs in the State of Maine. This sixth and final report was used to bring together the information gained from the previous five reports that make up Round I in the family of studies.

Treatment Data System (TDS)

Number of Clients Served:

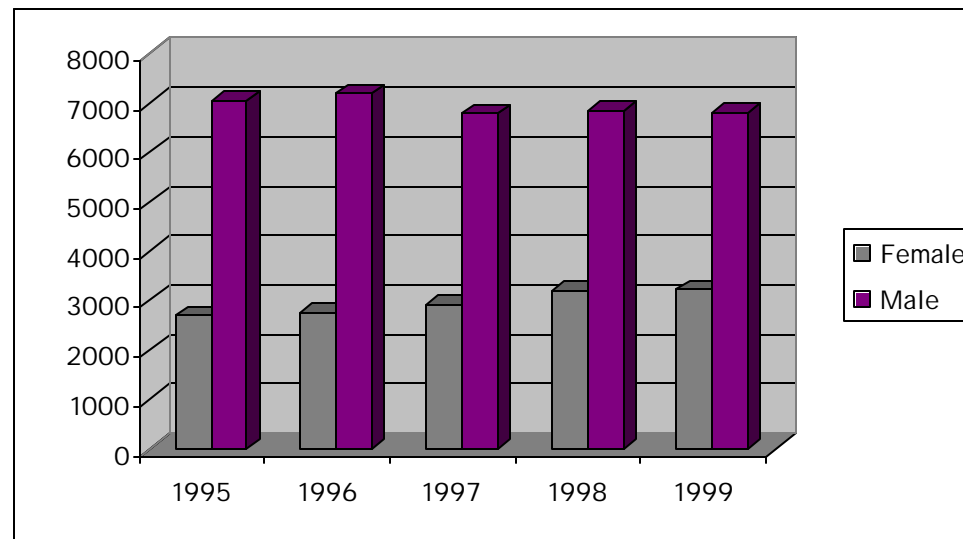


Graph 1: Client Admissions - 5 Year Trend

The graph reflects the individual number of clients served versus the number of admissions. For example, in SFY 1995, 10,224 individual clients resulted in 14,743 admissions to treatment.

Gender:

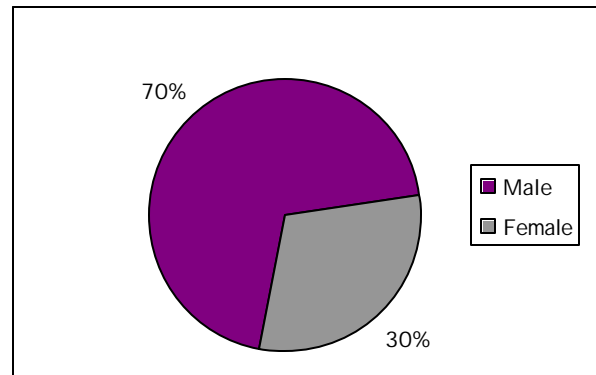
As the graph below illustrates, there has been a slight increase in female clients since 1995. In part that increase is because of specialized women's services that have been developed and funded by the Office of Substance Abuse.



Graph 2: 5 Year Trend of Gender Admissions

Gender (continued):

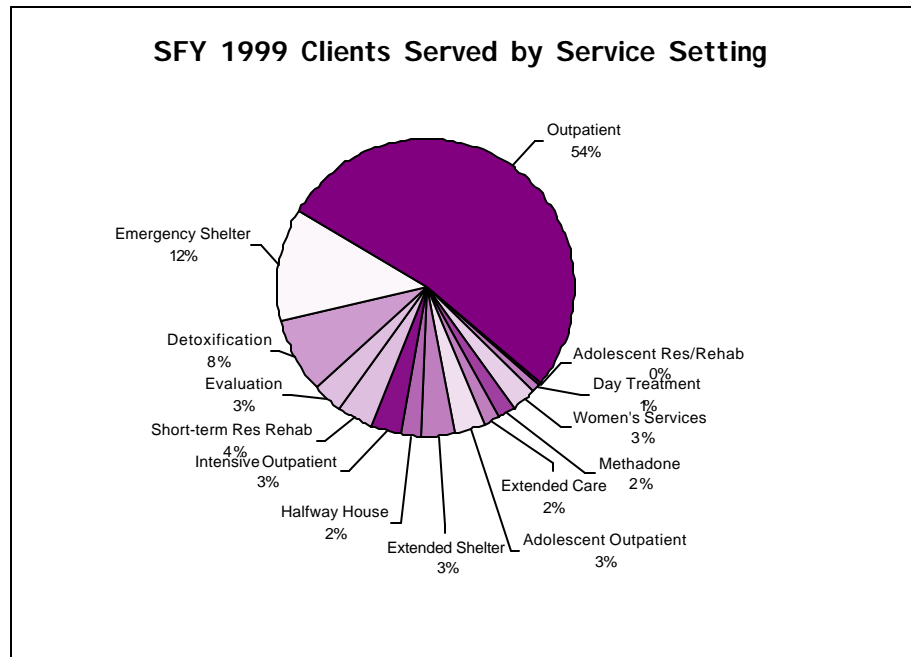
Men represent 70% of the clients served. The household study (see Study 1, Page 8) reports that women represent approximately 25% of the population needing treatment. However, it's felt that women may have been under-reported even though the sampling frame was thorough. One possibility is women's differing roles in society and what they feel is appropriate to report and what risks are associated with reporting substance problems (i.e., losing custody of children).



Graph 3: Gender Breakouts Based on a 5 Year Average of Admissions to the Treatment Data System

Service Setting Data:

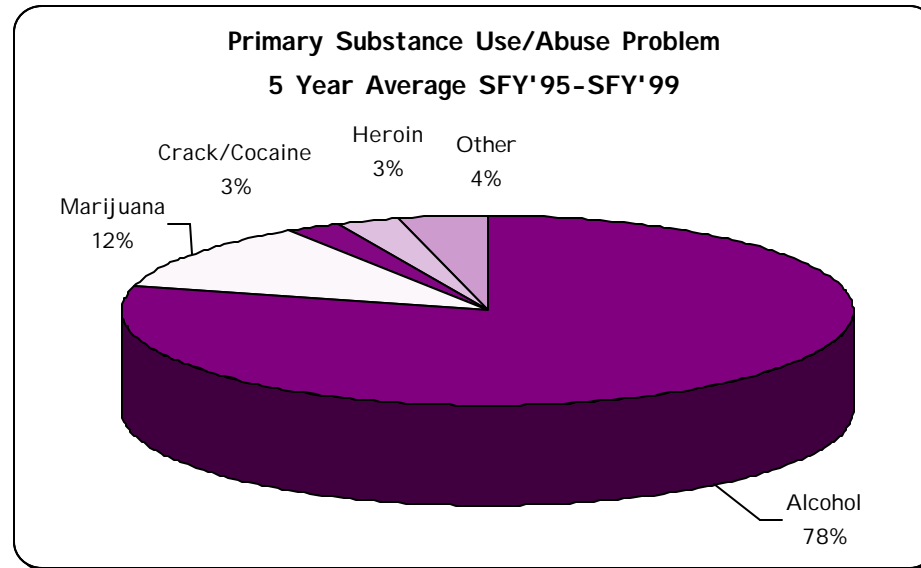
As this chart reflects, most of OSA's clients are served in an outpatient setting. This breakout is also indicative of funding as well as services provided:



Graph 4: Admissions by Service Setting

Note: Though the graph says that Adolescent Res/Rehab was 0%, it actually was <1%.

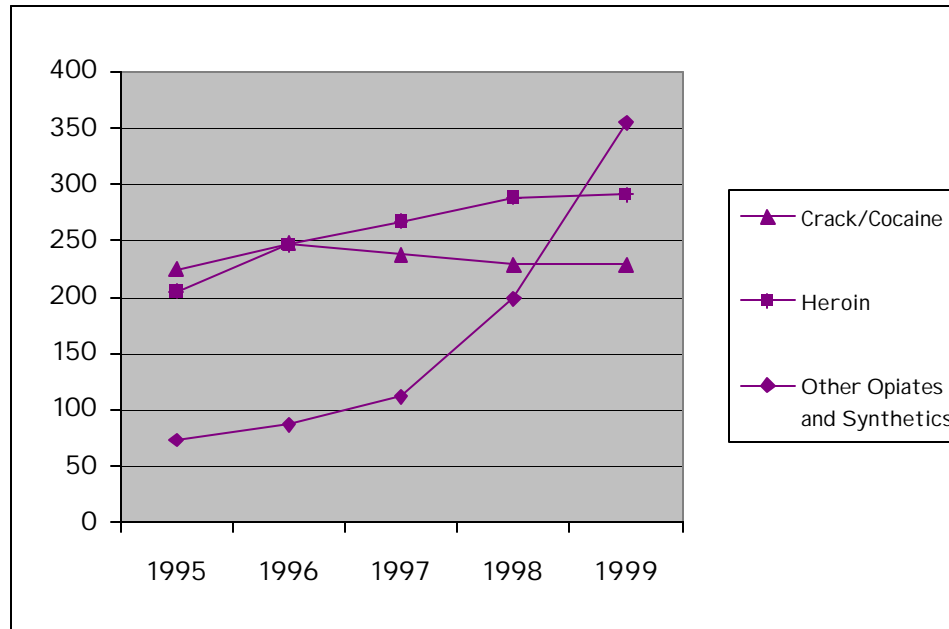
Primary Substance Use/Abuse Problem:



Graph 5: Admission by Primary Substance Use/Abuse Problem - 5 Year Average (1995-1999)

Admissions by primary substance use/abuse problem, as portrayed above, demonstrate clearly the size of the alcohol problem in Maine. Alcohol represents 78% of the admissions, marijuana 12%, crack/cocaine 3%, and heroin 3%.

Primary Substance Use/Abuse Problem (continued):



Graph 6: Five Year Trend Data for the Three Highest Primary Substances Used/Abused After Alcohol and Marijuana

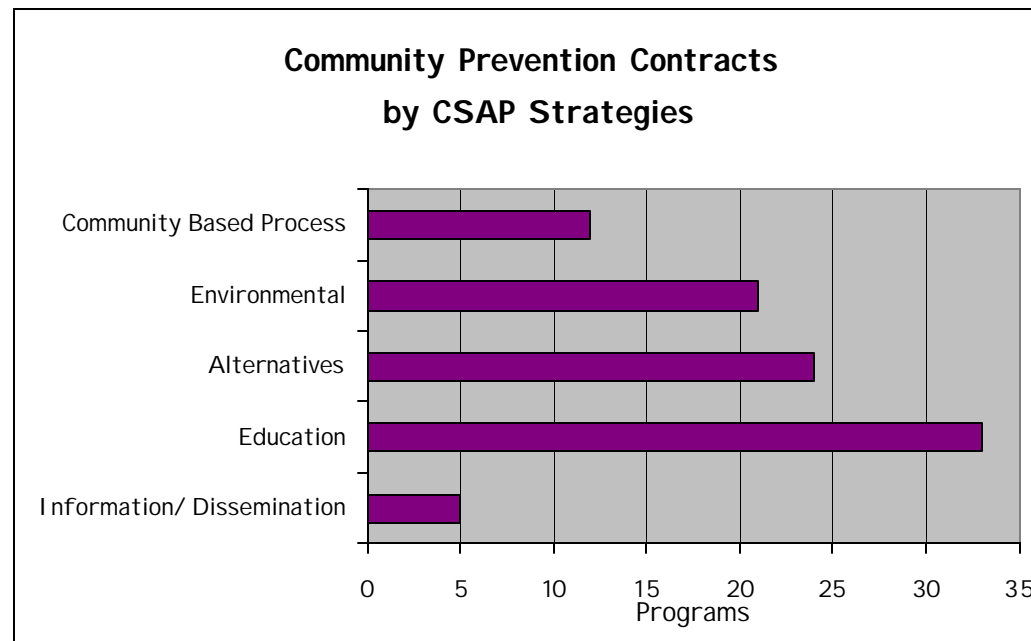
As can be seen from the graph, use of Other Opiates and Synthetics has increased significantly since SFY 1995. Heroin has also increased, while crack/cocaine has actually gone down slightly.

Prevention Data System (PDS)

Thirty-five prevention contracts have been awarded through the Request for Proposals (RFP) process. Most programs are provided by community-based organizations serving children, birth through age twenty. The graph below shows which Center for Substance Abuse Prevention (CSAP) strategy(ies) funded agencies use in developing effective and research-based prevention programming.

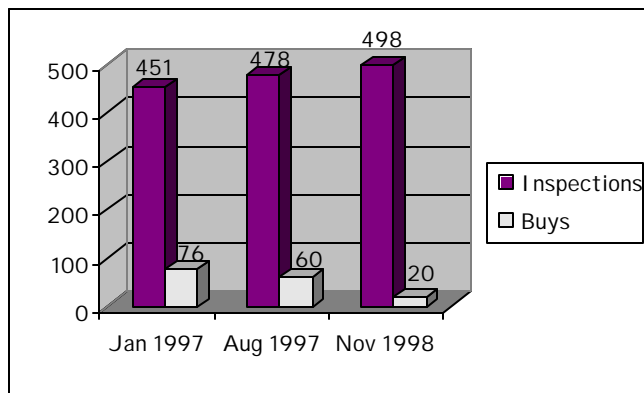
Note: This does not include local school based programming funded by the Safe and Drug-Free Schools and Communities Act.

Graph 7: Contracted Prevention Programs by CSAP Strategy

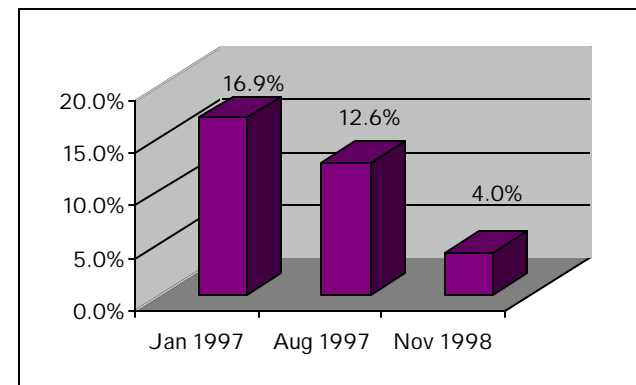


Synar Amendment

In 1992, Congress amended the Public Health Services Act incorporating Section 1926, the Substance Abuse and Mental Health Services Administration (SAMHSA) tobacco regulation (commonly referred to as the ASynar Amendment®), with the objective of reducing the sale of tobacco products to minors. Final rules were issued in January of 1996 requiring States that receive Substance Abuse Prevention and Treatment Block Grant Funds to annually conduct random, unannounced inspections of a sampling of tobacco vendors. Below are the results of Maine's three inspection cycles reported to date:



Graph 8: Synar Tobacco Inspections and Buys



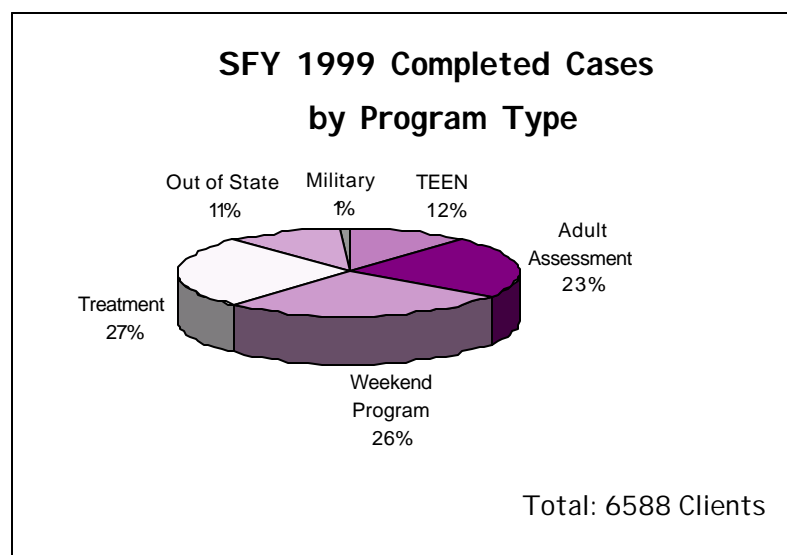
Graph 9: Synar Tobacco Inspections - Percentage of Buys.

Snapshot of the Driver Education and Evaluation Program (DEEP):

- ? 29,016 client calls were received by the DEEP Office in SFY 99.
- ? 774 people attended the DEEP TEEN Program in SFY 99.
- ? 1483 people attended the two hour Adult Assessment Program.
- ? 1799 people attended the Weekend Intervention Program.
- ? The DEEP Teen Program, the Adult Assessment, and the Weekend Intervention Program served a total of 4056 clients in SFY 1999.
- ? 1753 clients completed a treatment program in SFY 1999. These are people who said they had a substance abuse problem, were approved for treatment by DEEP staff, and went directly to a counselor.

DEEP (continued)

- ? DEEP receives approximately 603 new referrals every month and closes approximately that same amount every month. These include out of state cases, military cases, and people who have gone directly to treatment as well as the three programs. DEEP completed 718 requests from out of state clients and 61 from the military.

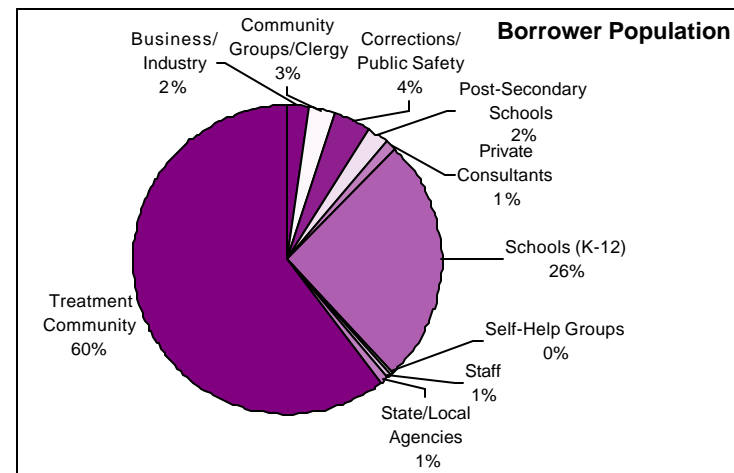


Graph 10. The percentage of completed cases during SFY 1999.

Information and Resource Center (IRC)

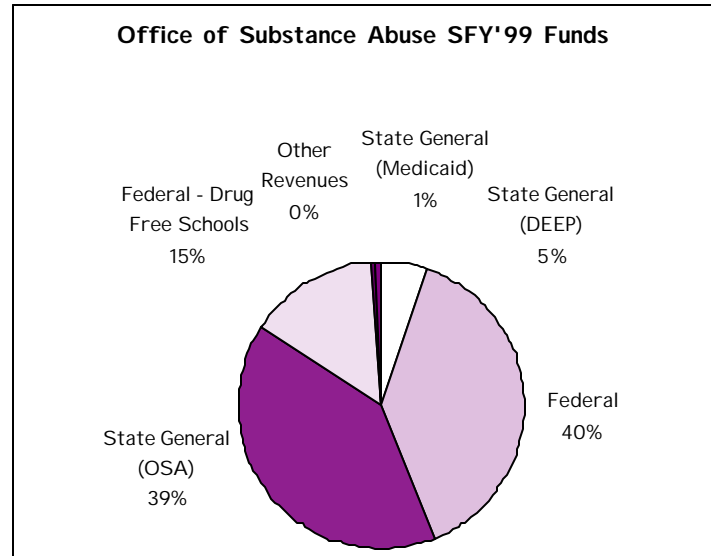
The IRC distributed a wide selection of videos, books, publications and a wide variety of print materials during SFY'99. Approximately 93,710 items were loaned or distributed. The table shows the breakout categories for those loaned or distributed items. The chart shows the customer base associated with loans.

<u>Items Loaned/Distributed:</u>	<u>FY '99</u>
Books	494
Pamphlets/Handouts/Posters*	77863
Publications	10665
Videos	<u>4432</u>
Total Items Sent	93710



Graph 11. Distribution of the Borrower Population

Fiscal Allocations



Graph 13. Office of Substance Abuse SFY'99 Allocations

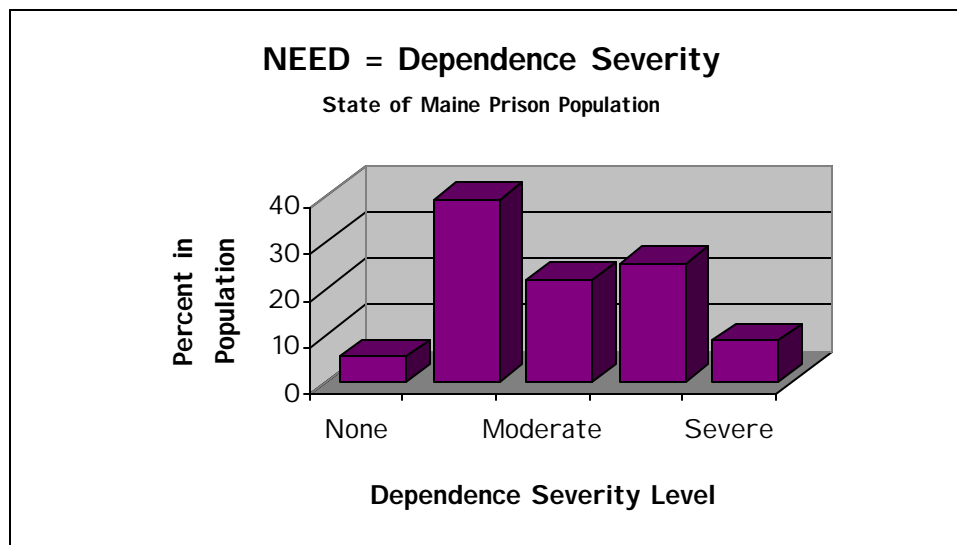
The Office of Substance Abuse expended \$16.6 million dollars from sources represented in the graph.

Treatment agencies were funded with 82 contracts to provider agencies totaling \$10.1 million. Another \$3.8 million for prevention services were expended through school districts and 35 contracted agencies.

Note: Though the graph says that Other Revenues was 0%, it actually was <1%.

Corrections and the Therapeutic Community

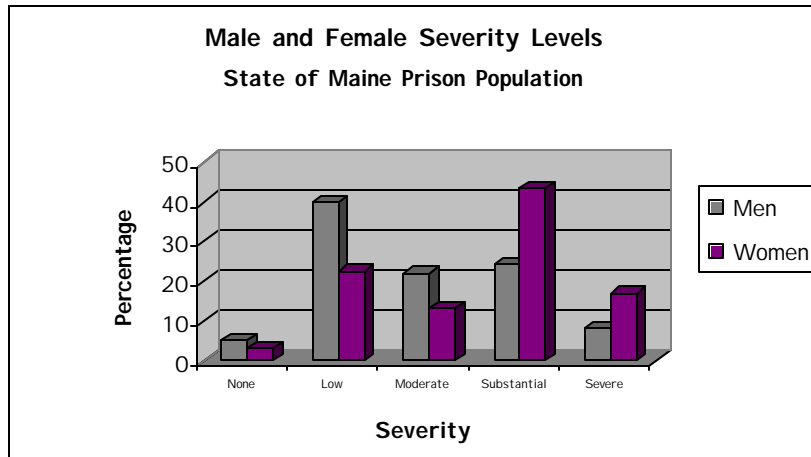
The Office of Substance Abuse in association with the Department of Corrections have begun work on a Therapeutic Community (TC) housed at the Windham Correctional Center. The TC is for prisoners who have been assessed and evaluated and found to have a high correlation between their criminal activity and dependence on alcohol and/or drugs. Prisoners who have been found to have the highest level, or "Level 5", of severity of dependence can enter the TC during their last 18 months of their sentence. This intense and highly innovative treatment community allows the inmate to work on his substance abuse problem and his criminal behavior prior to release. A study of this population has resulted in some interesting data regarding the use and dependence of the inmates. The graphs below give a cursory look at that data. A full report is available through the Information and Resource Center.



Graph 14. Dependence Severity Level

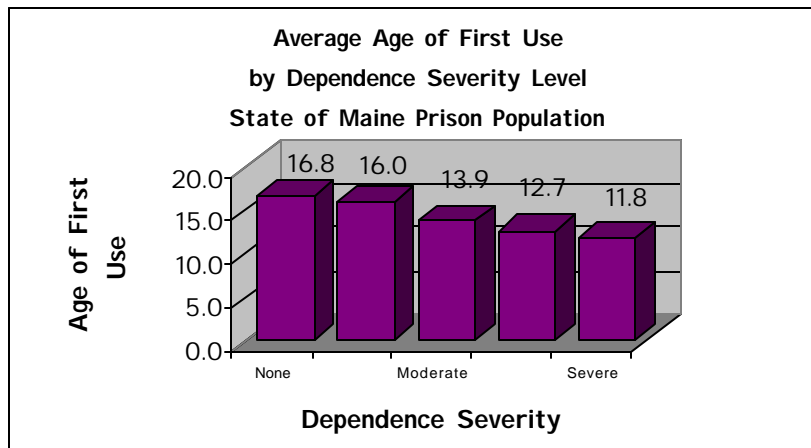
This graph illustrates the percentage of the Maine Prison Population that has a severe dependence level for alcohol and/or other drugs.

Corrections and the Therapeutic Community (continued)



Graph 15. Gender Comparisons of Severity Levels in Maine's Prison Population

Visual representation that women have significantly higher levels of severity.



Graph 16. Age of First Use of Maine's Prison Population by Dependence Severity Level

Graphical indicator of how a lower age of first use affects the severity of dependence.

Maine Youth Drug and Alcohol Use Survey (MYDAUS)

Maine has been administering school surveys periodically since 1988. The most recent school survey was during the 1998/1999 school year. 210 schools participated in that school survey and over 22,000 survey forms were completed representing approximately 18% of Maine's 6th through 12th grade students. The 98/99 MYDAUS had some unique qualities that the previous surveys did not:

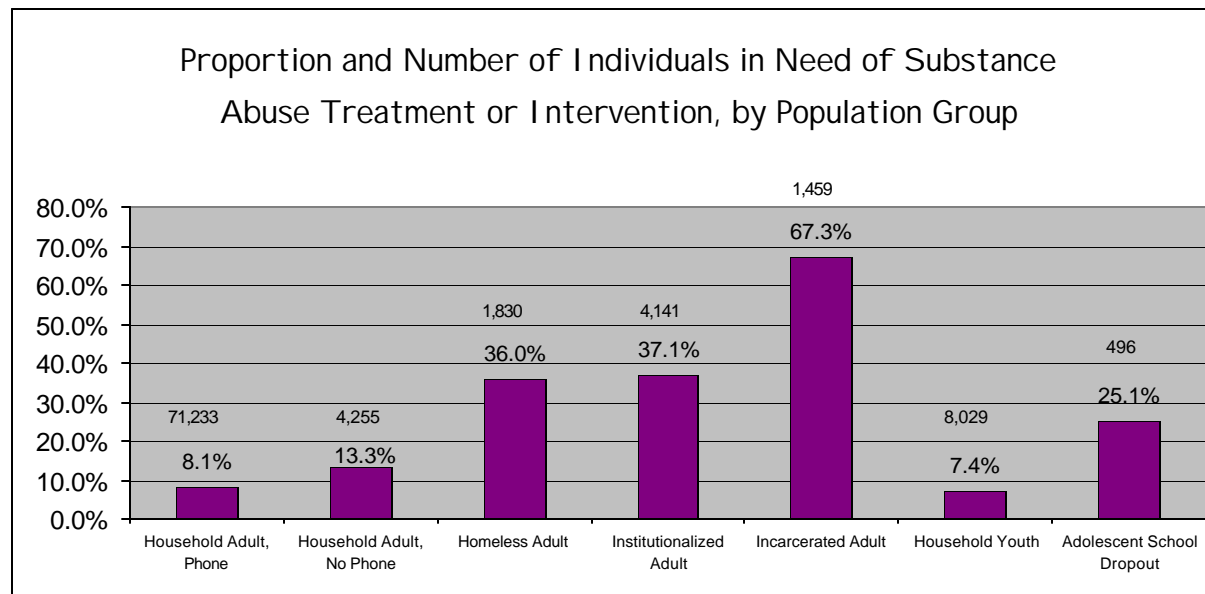
- ? The opportunity to participate was opened to all schools, grades 6 through 12.
- ? MYDAUS was administered, at most schools, by a subcontractor hired by the Office of Substance Abuse.
- ? *Active consent* was used for student permission. This meant that only students who returned a signed permission slip from the parents were allowed to participate.

Because of the methodological differences between the 1998/1999 survey and previous surveys, the results are not strictly comparable, and because the schools were not randomly selected the results only represents the participating schools. However, several interesting findings resulted from the 1998/1999 survey, including:

- ? Marijuana use among 12th graders participating in MYDAUS was substantially higher than for 12th graders in the U.S. as a whole (58% vs. 30%, respectively).
- ? Approximately 2 in 10 Maine 11th and 12th grade students reported being drunk or high at school in the year prior to the survey.
- ? Fewer than half of the students surveyed said they had opportunities for positive interaction in their communities.

State Treatment Needs Assessment Project—Round I

The graph below comes from Study 6, the Integration Study which compiled data from the other 5 State Treatment Needs Assessment studies. This graph represents a compilation of that data to show a clear picture of need:



Graph 17. Individuals in Need of Substance Abuse Treatment or Intervention

Current and Future Uses of Data

The Office of Substance Abuse uses the data collected from its various resources for many purposes. It is used for planning, allocation of resources, and reports to the legislature, funding sources, contracted agencies as well communities and the people of Maine.

A large part of the data collection process is directly tied to performance based contracting. For the treatment agencies, effectiveness and efficiency reports are created to review performance during the fiscal year. They allow OSA to monitor agencies for excellence and occasionally for problems so that technical assistance can be offered.

OSA has developed new data systems recently and has plans to continue to automate all its processes to expedite its ability to respond to needs expressed by its constituency.

This is the Office of Substance Abuse's first Data Book and it has included background material on the office and its data systems. Future versions will contain more data and data analysis.

For more information produced by, and for, the Office of Substance Abuse, please visit our website at : www.state.me.us/dmhmrsa/osa